

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43856

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 3070		Registrar's No. 3194	
1. PLACE OF DEATH a. COUNTY ST LOUIS COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (In this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves Mo		4599	
d. FULL NAME OF HOSPITAL OR INSTITUTION CLAYTON HOSPITAL				d. STREET ADDRESS (If rural, give location) 540 NOLLAND AVE			
3. NAME OF DECEASED (Type or Print) a. (First) Daniel		b. (Middle) Dwayne		c. (Last) Davenport		4. DATE OF DEATH (Month) (Day) (Year) DEC 31 - 1950	
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO		8. DATE OF BIRTH January 13, 1947	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) CLAYTON MO		9. AGE (In years last birthday) 3 12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ernest Davenport		13b. MOTHER'S MAIDEN NAME Camilla Bush		14. NAME OF HUSBAND OR WIFE Camilla Davenport			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Camilla Davenport			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Third Degree Burns suffered when home burned.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 89160 16	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 135		7:50		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Home Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webster Groves St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 31st 3:30A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fire in Home			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Ernest D. Williams Coroner				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 1/2/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4 Jan 1950		24c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON		24d. LOCATION (City, town, or county) (State) Kirkwood Mo	
DATE REC'D BY LOCAL REG. 1/2/51		REGISTRAR'S SIGNATURE Theodore R. Domb		25. FUNERAL DIRECTOR'S SIGNATURE Theodore R. Domb		ADDRESS 130 Eldridge	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address 130 Eldridge St.  
Hempstead, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.